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ABSTRACT

Residents of the U. S.-Mexico border region have the immense task of reconciling two different and often incompatible cultures, traditions, and languages. The cultural and environmental conditions of the South Texas border region are briefly described, and economic and social conditions are reviewed. The unique counseling needs of borderlanders of Mexican descent are identified and discussed. In order to properly provide counseling services to "fronterizos," mental health professionals must be bilingual and must understand the socioeconomic factors of the area and the social dynamics between the two nations. The counselor is confronted by challenges of counseling bilingual clients in two languages, differences of culture within each of the language or national traditions, high rates of substance abuse, violence, and depression, and the not always smooth transformation of traditions from the past. Assets of the region include a strong emphasis on family and personal relationships. Specific issues for school, college, mental health, and substance abuse counselors are highlighted; education opportunities and issues are reviewed. The counseling professional "en la frontera" can facilitate the process of a client developing a strong bicultural identity that effectively weaves together the fabrics of the two cultures. (EMK)

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Running head: COUNSELING ON THE BORDER

Counseling in the U.S.-Mexico Border Region

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Abstract

Residents of the U.S.-Mexico border region have the immense task of reconciling two different, and often incompatible cultures, traditions, and languages. There is a great need for mental health professionals who are competent and comfortable in a bilingual and bicultural society. Professional counselors in the border region are in positions to foster a sense of cultural pride in the clients, and to accentuate the significance of preserving the border heritage and traditions. The purpose of this article is to briefly describe the cultural and environmental conditions of the South Texas border region, and then to identify and discuss the unique counseling needs of borderlanders of Mexican descent.

Counseling in the U.S.-Mexico Border Region

From Brownsville, Texas and the Gulf of Mexico to San Diego, California and the Pacific Ocean, the U.S. - Mexico border stretches a total of 1,951 miles. The Rio Grande comprises 1,254 miles of this international boundary line. This region of the continent is often headlined in the national news because of the North American Free Trade Agreement (NAFTA), and the problems associated with illegal immigration and international trafficking in illicit drugs. The purpose of this article is to briefly describe the cultural and environmental conditions of the South Texas border region, and then to identify and discuss the unique counseling needs of borderlanders of Mexican descent.

Life on the Border

The romantic version of the *frontera* is one of bicultural, bilingual harmony, integration, and cooperation. "Cities along the border brag about their compatible race relations," and that "Hispanic and Anglo populations have learned to get along" (Metz, 1989, p. 406). The reality is that the U.S.- Mexico border is a stage which plays out a clash of cultures. The cost of such a clash is ambiguity, ambivalence, anxiety, and a "shying away from sensitive subjects" (Metz, 1989, p. 406). Chicana author, Gloria Anzaldúa (1994), describes the difficulties of living in an area "sandwiched between two cultures" as "*un choque*, a cultural collision" (p. 267). *Fronterizos* have the immense task of reconciling two different, and often incompatible cultures, traditions, and languages.

For over one hundred and fifty years, the border region has utilized two languages, English and Spanish. During this history of co-existence, a unique blending of the two languages has evolved, often referred to as *Spanglish* or *Tex-Mex*. Although this hybrid language is an effective form of communication, it is frequently disdained and condemned by English and Spanish purists. This condemnation often causes the border residents of Mexican descent to feel embarrassed about their language skills.

Life on the border is inhospitable in several ways. Extreme poverty, unemployment, poor living conditions, environmental pollution, drug trafficking, substance abuse, lack of

public and social services, lack of recreational and artistic activities, and increased crime rates place additional stresses on Mexican Americans living on the border, further undermining the development of healthy personal and cultural identities.

The average annual income of a border family living in poverty is nearly half of that reported for the nation. In some comparisons, the border region is more similar to a third world nation than to the United States of America. There is a huge underclass of extremely poor people, a small bourgeois middle class, and an even smaller upper class composed of families with views of the world resembling the old *patron* system. Along the banks of the Rio Grande, it is not uncommon to find neighborhoods where families live in small shelters created from cardboard and other disposable material. Their homes often have no electricity, inside running water, or sewage systems. Such unincorporated settlements on both sides of the border are referred to as *colonias*.

In most areas along America's southern border, unemployment rates are considerably higher than the national figures. The transition from an agricultural-based economy to an industrial-based one has been a long and painful struggle along the border. The border economy is equally dependent on the financial stability of both the U.S. and Mexico. Therefore, as the peso decreases in value on the world trade market, the border economy suffers tremendously. Great throngs of men, women, and children daily risk life and limb as they forge the Rio Grande, hide in overheated railcars, or walk the deserts of the southwest with the goal of finding a life better than the one left behind in Mexico. In their struggles to find a safe haven in the new land, they often fall victim to *pateros* or *coyotes*, the unscrupulous transporters of illegal immigrants who have little regard for the safety of their commodity, and who often combine human trade with drug trade.

The demands of the mainstream American culture are constantly present in daily life, placing great pressure on border residents of Mexican descent to acculturate, to assimilate, or at least to adapt in some fashion. Acculturation must be seen on a continuum. A great majority of Mexican American border residents fall into the lower end of that continuum,

i.e., they are less acculturated into the American mainstream and remain more connected to Mexican values and traditions. The *fronterizo* [borderlander] is caught between two worlds: The traditional Mexican culture and the mainstream American culture. Therefore, the social, cultural and geographic comfort zone for the bicultural *fronterizo* is often restricted to the border region.

With sister cities on both sides of the border (e.g., El Paso - Ciudad Juarez, Laredo - Nuevo Laredo, Brownsville - Matamoros), there exists an inescapable and reciprocal dynamism. Teens from the United States travel across the border to consume alcohol, since the drinking age in Mexico is eighteen and there is very little control on the sale of alcohol to minors. Another example is the epidemic use, over the past two years, of the prescription drug Rohypnol (flunitrazepam), a powerful benzodiazepine used to treat severe sleep disorders in psychotics. This drug has become a major health problem, not only because it is a favorite social "lubricant" among border teenagers and an adequate heroin adulterant for intravenous drug users, but also because its sedative properties have been exploited to perpetrate sexual crimes. Additionally, because diseases know no borders, HIV infection, as well as the spread of other diseases, daily impacts the lives of borderlanders.

The U.S.-Mexico border is one of the major points of entry of illegal drugs into the United States, and cocaine, heroin and marijuana continue to be the most common drugs imported to the United States from Mexico and Latin America. Large amounts of these illegal drugs remain in the border region and are widely available and quite affordable. Furthermore, poverty, poor school performance, and limited employment opportunities place many border residents at higher risk of alcohol and drug abuse.

General Implications for Counseling on the Border

The border region needs mental health professionals who are competent and comfortable in a bilingual, bicultural society. Therapists *en la frontera* must be knowledgeable of and sensitive to the cultural paradoxes of the borderlands. They must

understand *capacitación*, which involves training the client to live and compete in a success-oriented Anglo society without forcing him or her to relinquish the richness of his or her heritage and ethnic identity.

The biculturally competent counselor serving the border region must be fluent in both English and Spanish, as well as knowledgeable of the subtle cultural norms and expectations associated with language (e.g., the use of the formal *usted* versus the informal *tú;* the use of salutations and titles of respect). Initially, the counselor will follow the lead of the client and utilize the client's preferred language. However, later in the therapeutic relationship, the counselor must be conscious of and attentive to how (and why) the client uses one language at one time and another language at another time. This language shifting (code switching) may reflect client discomfort, avoidance, resistance, or transference. Furthermore, counselors should understand that a client's sense of self is language specific, so bilingual clients must be invited to discuss self and personal insights in both languages. In this way, the counselor will access the client's language specific sense of self and personal experiences (Sciarra & Ponterotto, 1991).

Counselors must be skilled in strategies for assisting Mexican-origin clients to acculturate to the counseling process itself. They must be taught how to be clients in the counseling relationship. They may need longer orientation periods and simple, allegorical explanations of how change is going to be accomplished in the therapeutic process. The effective borderland counselor must make use of *personalismo* by engaging in appropriate cultural rituals with the client to facilitate the establishment of rapport (Cuellar, 1981). *Personalismo*, a prominent cultural value among Mexican Americans, is the warmth in human relationships, with the flavor of personal investment, which can be manifested through the sharing of food, coffee, space (e.g., counseling sessions in the client's home), interests, or trivial information. Furthermore, positive complementary interpersonal relationships are governed by the rules and obligations of *respeto* and *simpatía*. An atmosphere of *personalismo, respeto* and *simpatía* facilitates the establishment of rapport

by inviting the client to relax and dispel any fears or misconceptions about the therapeutic process. This sets the stage for the development of a reciprocal therapeutic relationship.

Counselors *en la frontera* are in positions to "contribute to the betterment of their clients and help empower them to make a difference in the world" (Lee & Sirch, 1994, p. 96). They must be sensitive to clients' religious behaviors and convictions. Roman Catholicism plays a major role in the ethnic identity of borderlanders of Mexican descent. As the *fronterizos* face life's problems, they often turn to prayer, or to religious practices such as *mandas*, which are requests for miracles in exchange for some personal sacrifice. Additionally, many *fronterizos* maintain beliefs and practices from the old traditional folk wisdoms such as *curanderismo* and *espiritismo*. Mental health professionals must assess the extent to which contemporary religion and/or traditional folk healing practices play roles in the etiology of the problem, and determine if religious behaviors, folk practices, and/or spiritual beliefs can be tools for effective problem-solving.

A major task of the border counselor is to assist the Mexican American client in reaffirming or developing a strong ethnic identity, which is essential in the development of a healthy personality (Phinney, Lochner, & Murphy, 1990). Clients of Mexican descent may benefit from guidance and assistance in confronting the stereotypes and prejudices which exist. The counselor must assist the *fronterizo* in integrating the values of the mainstream culture with the traditional cultural values, beliefs, and behaviors. Counselors in all professional settings, living and working in the border region, can help clients develop skills that will allow them to reconcile the values of two cultures, thus developing a bicultural identity.

Professional counselors in all settings are often involved with testing and assessment. Borderland professionals struggle to find reliable and valid instruments to assess the Spanish speaking client. Even when a widely used standardized test is translated from English to Spanish, it continues to rely on the English version norms. Normative data, established on predominantly Anglo populations, are usually not accurate reflections of the

abilities, achievement levels, or personalities of Mexican-origin clients. Effective counselors must exercise extreme caution and sensitivity when assessing and testing persons of Mexican descent. Moreover, it is not uncommon for border practitioners to collect testing data over several years and then establish their own more appropriate local, ethnic, and Spanish-speaking norms.

School Counseling on the Border

In the not so distant past, both Anglo and Mexican American parents would often prohibit their children from speaking or learning Spanish at the elementary level. They would not object when teachers and school administrators punished children for speaking Spanish in school. High school counselors often presented restricted career options for students of Mexican descent. It was not uncommon for young men to be encouraged to work in the family business, join the military, or work for one the area ranchers. Meanwhile, young Mexican American women were offered career opportunities in service occupations or homemaking. The public schools of South Texas and communities along the Rio Grande have always suffered extremely high drop out rates among the Mexican American students. Counselors must successfully link the Mexican American student with the public school system so that the student is able to maximize the educational experience.

Counselors *en la frontera* must be perceptive of the subtle differences which exist among various groups within the Mexican American population. Not all students of Mexican descent bring with them the same values, morals, experiences, customs or traditions into the school. The differences among borderlanders are vast, often depending on income level and degree of acculturation. Counselors must understand, accept and appreciate the children as unique individuals with varying levels of acculturation, language preferences, customs and family traditions. *La ignorancia* [lack of understanding] produces and promotes pessimism and defeatist attitudes in the school system, as well as within the student.

Professional counselors in school settings must enhance the self-esteem and ethnic identity of the Mexican-origin students by empowering them to embrace and celebrate their heritage, language, and culture. For many years it was unacceptable in the border region to openly venerate the "Mexican" element of either the *frontera* or the *fronterizos*. Remnants of these antiquated social edifices and bigotry's can still affect the self-identity of Mexican American students. These children and adolescents must be taught that bilingual and bicultural competence is critically important in the job market of twenty-first century. NAFTA has certainly helped to acknowledge that being bilingual and bicultural can not only be advantageous, but even indispensable in today's movement toward global enterprise.

Occasionally, border area school counselors are confronted with conflict and tension between the Mexican American majority and the Anglo American minority. Students may tease or provoke one another because of ethnicity. At times, a Mexican American student may be referred to as a *coco* [coconut] if he or she befriends an Anglo student. The Anglo minority is also a critical consideration for counselors. These children and adolescents, especially those from lower economic backgrounds, often suffer from feelings of isolation and alienation. They may form small cliques in order to defend themselves against the perceived threat of the Mexican American majority. Counselors may need to conduct classroom guidance lessons teaching an appreciation of the bicultural social system. Group counseling can also be a very effective avenue for assisting students of different backgrounds in creating trusting, caring relationships with one another.

School counselors in the border region frequently encounter families in which the children are being raised by the grandparents or other extended family members. Home visitations with families are essential in order to maximize the effectiveness of counseling with the child or adolescent client. Moreover, parent education classes, taught in Spanish and offering free child care, can often be successful strategies for assisting parents or caretakers in modifying their parenting practices. Though the general assumption is that

Mexican Americans do not self-refer for or actively seek counseling services, the effective counselor is able to establish a professional reputation through the demonstration of *respeto* and *personalismo*.

College Counseling on the Border

Many university students of Mexican descent *en la frontera* represent the very first generation of their families to attend higher education. Parents and grandparents often do not understand the student's educational goals and desires. The older generations are frequently intimidated by educational systems and institutions. Furthermore, as is customary in the traditional Mexican culture, college-age men and women are often expected to live at home with their parents until they are married. Although the student may want to break with tradition, the parents feel an overwhelming obligation to "protect" the daughter and provide a nurturing environment for the son. The biculturally competent counselor may need to discuss family rules and expectations with the client, reminding him or her of the differences in generations and cultures. Intervention with parents and other members of the client's family may facilitate the development of healthy compromises between the family authority figures and the college student.

The traditional Mexican family system tends to be the only arena in which members are allowed to air their problems. Talking about one's problems with an outsider is frequently scorned and disapproved of by the family members. It is not uncommon to hear a college student say, "*La ropa sucia se lava en casa* " [Dirty laundry is washed at home.] *Fronterizos* are often hesitant to share personal issues with the university counselor. It is essential that the student body population be familiarized with and oriented to the uniqueness of the university/college counseling program. Furthermore, by inviting the family members to participate in the counseling process with the client, the counselor can facilitate a process in which the family members can express their fears, anxieties, or worries about higher education and counseling, and develop skills for resolving family conflict.

Students do occasionally self-refer for counseling services, even against the wishes of their families. Counseling is a new and "foreign" experience for many students of Mexican origin. For the first two or three sessions, the counselor must support and encourage the student's presence in the session, reassuring him/her, and making the initial sessions as comfortable and nonstressful as possible. It is critically important that the counselor clearly discuss and define confidentiality, even to the point of reassuring the client that no one can hear outside the office walls and door.

Mental Health Counseling on the Border

Mental health agencies *en la frontera* provide a wide variety of therapeutic services for children, adolescents, adults, families, and groups. Public and private agencies rely heavily on government support through grant funding. The most commonly funded mental health programs are in the area of substance abuse treatment. The federal government, as well as states, emphasize the importance of treatment programs for alcohol and drug dependent persons. Also, because of the high rate of child sexual abuse and domestic violence in the border culture, state funding is often available to agencies for the treatment of sexual offenders. Furthermore, as the Mexican American family transitions from a traditional extended family support system to a postmodern one, outside assistance is needed for the care and treatment of the elderly. Mental health agencies in the border region are just beginning to develop services for treating the geriatric patient and his or her family.

Life *en la frontera* places individuals at high risk for substance abuse due to the adverse socio-economic factors, a dearth of appropriate recreational alternatives, the stressors involved with the pressure to acculturate to the mainstream culture, and the high availability and affordability of legal and illegal psychoactive drugs. Treatment alternatives to the indigent majority are extremely scarce along the border. Residential treatment services for adolescents are basically nonexistent, and treatment resources for adults are very limited. Mental health professionals on the border experience frustration and discouragement when attempting to refer clients for residential or inpatient treatment.

Like all therapeutic settings, substance abuse treatment requires extensive assessment of the patient and his or her family system. Appraisal of the family structure involves special focus on the extended family members residing with the client. The therapist must determine which family members participate in the parenting responsibilities. Loyalty to family members is a major value for persons of Mexican origin, and they will frequently protect fellow family members from outsiders, including the counselor. The counselor may be perceived as a suspicious character attempting to uncover private family issues (e.g., substance abuse) which might be shameful or embarrassing to the family. Furthermore, the family might believe that problems can be remedied without outside intervention, and they may seek solutions to these problems through the involvement of other, more trusted, members of the Mexican community such as *compadres* [Godparents], priests, or *curanderos*. Also, in his or her efforts to protect the family, the client may also deny problems such as parental or spousal substance abuse, mental health problems, or violence and/or abuse in the family.

Since alcohol is a prevalent part of religious and social celebrations along the border, drinking is often not even viewed as potentially addictive. Alcohol is ever-present at all special occasions: *Mi hijo ya graduó hay que celebrar* [My son is graduating so let's celebrate]. Moreover, drinking is considered a normal part of adolescence and is often introduced in the family environment. *En la frontera,* parents often encourage drinking at home, believing that if alcohol is consumed at home the parents may be able to exert some control over the problem individual. By allowing a family member to drink at home, the family may feel that they are protecting that person from the use of other drugs, traffic accidents, or criminal activity. Families also may believe that *el alcohol lo cura todo* [alcohol cures everything]. Additionally, families may assume that if a loved one is being treated for drug abuse, he/she can safely continue drinking alcohol.

The family of Mexican descent may be very deferential toward the counselor, who they view as an authority figure, and expect the counselor to point out exactly what is

wrong and tell them how to fix their problems. Repeatedly, the family will transfer authority to the counselor in anticipation of being told what to do. The family may also have the notion that substance abuse is something that can be cured once the client undergoes appropriate treatment. Therefore, continued education on addiction, drug education, parenting skills, and discovering and relying on their own resources is important.

Heavy drinking, the ability to consume industrial quantities of alcohol without being visibly intoxicated, is an integral part of the *macho* mystique. Drinking somebody else "under the table" is a sign of manhood and masculinity. Thus, the tolerance toward alcohol is seen as a sign of virility. Disclosure is also associated with weakness in males. *Los machos nunca se rajan* [Real men never break]. Sharing of personal thoughts and feelings is reserved only for very close friends who can be completely trusted to keep the secret. Nonetheless, once the secret has been shared, the Mexican-origin male may always be aware that at any time he can be betrayed by the person to whom he disclosed. He may feel *que se rajó* [that he broke or opened up], which is perceived as a feminine trait. Therefore, the counselor has to first facilitate the growth of a trusting and respectful personal relationship with the client of Mexican descent.

Females *fronterizos*, especially mothers, have been trained to be the caretakers of the family, and to be self-denying and stoic. Often, the wife learns to deny or cover up her husband's substance abusing behavior. She is unaware of the enabling role she plays in this codependent relationship. She has been taught that marriage is forever and that the family stays together in both the good times as well as in the bad. The counselor must assist both husband and wife in examining the dynamics of the spousal subsystem (i.e., authoritarian, submissiveness, dictatorial). When addressing issues of enabling and codependency, the counselor has to be careful not to burden the mother or wife with the blame for the problem nor to pathologize her duty to care for others. The counselor must acknowledge the woman's efforts in a positive way, reframe the problem, make the

substance abusing client more responsible, and offer healthier alternatives for both the client and the codependent family member. The counselor may experience significant resistance from women who feel that the developing of stronger boundaries is cruel, cold, and uncaring.

Substance abuse counselors *en la frontera* need to address continued care, since the family may well view the substance abuse problem as "fixed" or the client as "cured." Aftercare support groups are very important. Ongoing parent or family support groups, 12-step bilingual groups, parenting skills training, and continued counseling are essential when addressing aftercare needs. Because the counselor "joined" the family during the therapeutic process, the family may desire to keep the counselor informed of their progress or their setbacks.

When working with criminal offenders in the border region, the mental health counselor must be not only fluently bilingual in English and Spanish, but must also develop a keen understanding of the idiomatic terms and expressions used by ex-convicts, probationers, and parolees (e.g., *Tex-Mex* jailhouse slang), since the street language or slang terms are often used to express and describe emotions, thoughts, and experiences. The counselor can utilize this unique jargon in establishing rapport, maintaining trust, and confronting the clients' denial systems.

The Mexican American sex offender is almost always a male. More often than not, the available treatment for these men is group counseling. Because of the traditional gender role structures and distinctions, co-counselors (one male and one female) can often have the greatest therapeutic influence. Of course, the co-counselors can expect that the majority of communication from the male clients will be directed to the male therapist. The traditional gender role paradigms assume that women should be passive, quiet listeners. The presence of the female therapist may increase client anxiety, which may provide the co-counselors with convenient here-and-now opportunities to confront the clients with their dysfunctional views of femaleness. Furthermore, counselor behaviors which directly violate traditional

stereotypes can provocatively stimulate the therapeutic process. For example, when the female therapist makes a confrontation or challenges the male client in some fashion, the experience may be so unfamiliar to the client that he listens carefully and is provoked to comply. Additionally, when the male counselor expresses emotions or discusses more intimate relationship dynamics, the clients can be deeply affected.

In recent years the geriatric population along the U.S. - Mexico border has been the focus of diverse treatment approaches. Occupational therapy, psychological and counseling services, and medical and psychiatric treatment for the elderly are much more prevalent in the 1990's than in previous decades. Traditionally, aging family members resided with and were cared for by their loved ones. Nursing homes were considered the final and last resort when the geriatric patient required twenty four hour care.

The counseling issues of the elderly *fronterizos* are not dissimilar from those of their westernized counterparts. Older men and women must address issues of self-concept. They often feel as if they are useless, inactive burdens on their loved ones, and they may experience hopelessness and despair. They experience much more free time, but may be unwilling or unable to take the risks involved in developing more active hobbies and leisure pursuits. They commonly contemplate life and death issues. The effects of aging, such as memory loss and slowing thought processes, can be extremely frightening and overwhelming as the client is no longer able to meet family members' expectations.

Counseling elderly clients in the border region requires not only an understanding of later-life development, but also a keen awareness of the cultural implications of working with Mexican American clients. More often than not, the first contact with the counselor is initiated by a family member who is concerned about the health and well-being of a parent, grandparent, aunt or uncle. The referring family members must often be assisted with dealing with strong feelings of guilt. The Mexican tradition is that elders are respected, revered, and cared for by their families. Also, the referring family members may even be at odds with other members of the family who believe that outside assistance should not be

sought. Many traditions, customs, values, and beliefs are linked to the *abuelos* [grandparents]. They represent the family unity and the family history. Such connections with the elderly are deeply internalized in border families. Economic limitations are considered, but the most important thing is to provide family support for the elderly. Family members will often sacrifice their own needs in order to provide for the care and protection of the older person. Sometimes families will engage in hostile recrimination of the person who even suggests putting the elderly family member in residential care. The agency therapist should both assist the elderly person in dealing with the loss of his/her independence and familiar surroundings, as well as assist and support family members as they attempt to cope with the painful emotions of guilt and sadness.

Fronterizos are very reluctant, for a variety of reasons, to self-refer for counseling services. Mental health counselors in private practice must use every possible opportunity to educate the community on the value and importance of counseling. They must be willing and able to work with clients who are mandated by the courts or other agencies. The lack of mental health insurance is also a serious problem facing professionals who embark on private practice ventures, since many people on the border do not have even basic medical insurance. For the uninsured *fronterizo*, it is very low priority to spend limited financial resources on counseling services. Therefore, these clients may be both unwilling and unable to seek out and follow through with the services offered by the counselor in private practice.

Many of the clients who do seek private counseling services are people (Anglo and Mexican American) who have been relocated and are having difficulty adapting to life on the border, or children who are experiencing difficulties adapting to the school setting. Many suffer from feelings of depression, isolation, and alienation perhaps because of prejudices or the inability to speak Spanish.

The mental health counselor *en la frontera* must understand and appropriately confront the distorted perceptions of *machismo*. The rules and behavioral expectations

associated with *machismo* may partially account for why adolescent males of Mexican origin often have a lack of discipline. The traditional border family differentiates the discipline of teen males and females. Thus, when males reach age sixteen, families may have a great deal of trouble dealing with them. Boys are allowed to "get away with" much more. The greater tolerance and permissiveness for boys, can lead to abusive adolescents (e.g., hitting their mothers or girlfriends). Furthermore, the fathers of these adolescent males may demand the unquestioning obedience of their sons, without having previously been involved in the child-rearing process. The mental health counselor must assist these young male clients in developing masculine identities while also learning to express their anger and hostility in appropriate, healthy fashions. Also, the counselor must work with the parents to assist them in modifying their parenting practices, and help them to understand the importance of their role-modeling behavior.

Fear for confidentiality is always present in the counseling relationship. *Fronterizos* fear that going to counselor (often related to many community members) may result in that counselor sharing *chisme* [gossip] about them at social functions. There exists a clear social prohibition of sharing personal information with non family members. As previously stated: *La ropa sucia se lava en casa*. It is critically important that the counselor clearly emphasize and explain the professional behaviors associated with maintaining confidentiality. Sometimes *fronterizos* seek counseling services in cities away from the border because the have been brought up to believe that "real" experts must live more than 50 miles away from one's home. *Nadie es profeta en su tierra* [No one is a prophet in their own land].

Counselor Education and Supervision on the Border

Historically, the regions adjacent to the U.S. - Mexico border have been grossly underfunded in higher education. Professors of counseling psychology on the border must be outspoken advocates for higher education. They must design and implement graduate training programs that reflect the national accreditation standards of the Council for the

Accreditation of Counseling and Related Educational Programs. Counselor educators and supervisors *en la frontera* must train bilingual, bicultural professionals who are able to impact and influence the border communities.

Counseling psychology professors in the border region must be able to network internationally with Mexican scholars, researchers, and practitioners. Attending and participating in international conferences and symposia provides a valuable role model for the graduate students of Mexican descent. Mexican Americans are severely underrepresented in the memberships of professional psychology and counseling associations in the United States. University professors must encourage and assist counseling psychology graduate students and alumni in participating in professional organizations at the local, state, regional, national, and international levels. They must also provide opportunities for trainees and novice practitioners to attend and present at professional conferences.

As is the case with all mental health professionals, testing and assessment is a very critical issue. The professor is often faced with a very curious paradox when training graduate students of Mexican descent to work with clients of Mexican descent, when very few educational and psychological instruments have been well established for use with this population. Many of the more widely used psychological assessment devices have little to no established reliability and validity for the Spanish translations. Additionally, normative data are severely lacking for the Mexican-origin population. Counselor educators in the border region must train students to be extremely sensitive when using educational and psychological tests with *fronterizos*.

Summary

Counseling on the U.S. - Mexico border is characterized by unique problems and challenges, regardless of the professional setting. In order to properly provide counseling services to *fronterizos*, mental health professionals on the border must understand the socio-economic factors of the area and the social dynamics between the two nations. In

regards to culture, the counselor must develop a keen understanding of traditional Mexican customs, beliefs, and practices, as well as the pressure that is exerted on border residents to adapt to the demands of the North American society. Most of the mental health issues of the region are influenced by, associated with, or even exacerbated by, the stressors of being forced to survive in a complex environment. When an individual is unable to cope with stress in a healthy fashion, he or she may often resort to substance abuse, violence, or depression. A strong ethnic identity is essential for healthy personality and self-esteem development. Therefore, the counseling professional *en la frontera* can facilitate the process of a client developing a strong bicultural identity that effectively weaves together the fabrics of the two cultures.

In addition to characterizing the border region by its intriguing use of languages, many residents of the area retain rich and time-honored values aimed at protecting and preserving the family system. However, family unity and cohesion can be a therapeutic double-edged sword. They can either facilitate the process of the counselor establishing genuine rapport with the family, or they can serve to block and prevent family members from seeking and/or accepting "outside" assistance. Counselors in the border region must address gender issues, such as *machismo* and *marianismo*, with empathy and respect. For male clients, counselors can encourage the expression of sensitivity without threatening their masculinity. Additionally, counselors can assist female clients in creatively blending autonomy and independence with nurturing and caring for others.

All cultures have unique problems as well as valuable strengths. A major asset of the border region is the importance placed on family welfare over individual interests, as well as the priority that is placed on personal relationships rather than business transactions. The border culture offers a strong cultural richness bequeathed by its Mexican heritage. Customs and rituals, both social and religious, are extremely valuable in terms of cultural identity. These traditions must be experienced, respected, and valued by the counselor, and often must be pointed out to the client as important sources of ethnic

pride. It is important for the counselor to remember that consciousness of being a Mexican American in the United States means that the person has to, at some point, confront the stereotypes that the majority culture has of this ethnic group.

Because of the thundering clash of the two cultures and the general disregard that the two nations have for border residents, there is little awareness on the part of borderlanders, of the richness of their own well-established culture. To the Mexicans, *pochos* are the *vendidos*, or the ones who sold out, and to the North Americans, the border Mexicans are the poor, ignorant, and lazy figures *tomándose una siesta encobijados bajo un nopal* [taking a siesta, wrapped in a blanket, under a cactus]. These attitudes are confusing to border residents and often leave them void of any cultural role models. Professional counselors are in positions to foster a sense of cultural pride in the clients, and to accentuate the significance of preserving the border heritage and traditions.

In an era when multiculturalism and cultural pluralism are espoused by educators and politicians, Mexican Americans of the border region can make worthy contributions to the mainstream societal values, especially in regards to family preservation, family unity, and interpersonal connections and relationships. It is not at all uncommon for the Mexican American counselor to have experienced prejudice and bigotry within the helping professions. The discipline of counseling psychology is certainly not immune from narrow-mindedness, racism, and the *patron* system. Often mental health agencies, treatment centers, and schools along the border will avoid utilizing the local resources (e.g., experienced practitioners and scholars) and instead will opt to import experts from outside the border region. Through positive educational efforts and invaluable personal contact, these current stereotypes may become archetypes of the past.

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